UNDERSTANDING

Intestinal Parasitic Infections

What they are, how they spread, and how they're diagnosed and treated

A patient-education overview

IVERCARES

What Are Intestinal Parasitic Infections?

Intestinal parasitic infections occur when organisms — most often worms (helminths) or single-celled protozoa — take up residence in the human gut. Many are microscopic at the larval stage but can grow, reproduce, and persist for years if left untreated.

Unlike a short-lived stomach bug, some intestinal worms — such as Strongyloides stercoralis — can complete part of their life cycle inside the human body itself. This is called autoinfection, and it lets a small, unnoticed infection quietly continue for decades.

A global health issue

Soil-transmitted helminths and related worm infections affect well over a billion people worldwide, with the highest burden in areas with limited sanitation infrastructure — though cases occur everywhere, including in travelers, immigrants, and rural communities in high-income countries.

How Do These Infections Spread?

Contaminated soil or water

Eggs or larvae shed in feces contaminate soil, water, or produce, and are ingested or contacted directly.

Skin penetration

Some larvae (like Strongyloides) can burrow through bare skin that contacts contaminated soil, often through the feet.

Travel & migration

People who have lived in or traveled through tropical and subtropical regions carry a higher lifetime risk.

Risk factors include limited access to clean water and sanitation, walking barefoot on potentially contaminated ground, occupational soil contact, and immunosuppression (which can allow a longstanding infection to intensify).

RECOGNIZING IT

Signs and Symptoms

Symptoms vary widely depending on the parasite, the number of organisms present, and how long the infection has gone unnoticed. Many people have no symptoms at all for years.

Digestive symptoms

- Abdominal pain or cramping
- Bloating and gas
- Diarrhea, sometimes alternating with constipation
- Nausea or reduced appetite

Skin symptoms

- Itchy, raised rash where larvae entered the skin
- A migrating, snake-like rash ("larva currens") in strongyloidiasis
- Hives that come and go

General & systemic

- Unexplained fatigue
- Weight loss over time
- Elevated eosinophils on routine bloodwork
- In rare severe cases: breathing difficulty

Many intestinal parasites cause no symptoms at all, which is exactly why lab testing — not symptoms alone — is what confirms a diagnosis.

GETTING ANSWERS

How Is It Diagnosed?

Because symptoms overlap with many other conditions, diagnosis relies on laboratory testing. A doctor may order one or more of the following:

Stool ova & parasite exam	Multiple samples are often checked, since some parasites are shed irregularly and can be missed on a single test.
Blood tests (serology)	Antibody tests can detect strongyloidiasis even when stool tests come back negative, and a high eosinophil count is a common clue.
Endoscopy or biopsy	Used in select cases to directly examine the intestinal lining when other tests are inconclusive.
Follow-up testing after treatment	Repeat stool or blood tests help confirm that the parasite has been fully cleared.

TREATMENT LANDSCAPE

How Are Parasitic Infections Treated?

Treatment depends on which organism is involved, but the overall goal is the same: clear the parasite completely, confirm the cure with follow-up testing, and prevent reinfection. Several classes of **antiparasitic medicines** exist, each suited to particular organisms:

Benzimidazoles

e.g. albendazole, mebendazole — commonly used for roundworm, whipworm, and hookworm.

Macrocyclic lactones

e.g. **ivermectin** — a first-line option for strongyloidiasis and several other parasitic conditions.

Combination regimens

Some infections, or mixed infections, are treated with more than one antiparasitic agent.

The right choice, dose, and duration is always a decision made with a healthcare provider based on the specific diagnosis, patient history, and other medications involved.

A CLOSER LOOK

Ivermectin: One Option in the Antiparasitic Toolkit

Ivermectin is a semisynthetic medicine derived from compounds naturally produced by a soil bacterium, Streptomyces avermitilis. First developed in the late 1970s for veterinary use, it was approved for humans in the 1980s and has since become central to global efforts against river blindness (onchocerciasis) and lymphatic filariasis.

How it works:

It binds to specific chloride channels found in the nerve and muscle cells of parasites, causing paralysis and death of the organism. These particular channels are absent in human cells, and the drug penetrates the human brain poorly — both of which contribute to its safety profile when used as directed.

Conditions it's used for

- Strongyloidiasis (intestinal roundworm)
- **Onchocerciasis** (river blindness)
- Lymphatic filariasis
- Scabies (skin mite infestation)
- Select other parasitic conditions, as directed by a physician

TREATMENT PRINCIPLES

Why Completing the Full Course Matters

Complete elimination

Feeling better early doesn't mean the parasite is gone. Stopping treatment early can leave a smaller, harder-to-detect infection behind.

Preventing resistance

Under-treating can allow surviving parasites to persist and become harder to treat with the same medicine in the future.

Confirming the cure

Doctors may use a urea breath test, repeat stool antigen testing, or endoscopy with biopsy to confirm the infection has fully cleared.

Bottom line: only a healthcare provider should determine when treatment is complete — not the absence of symptoms.

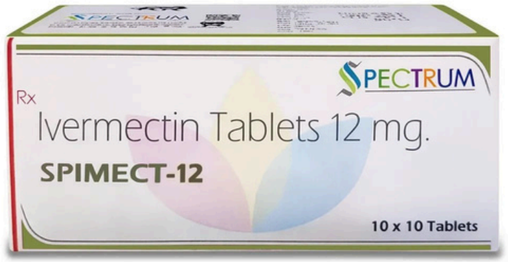
FEATURED TREATMENT OPTION

Spimect-12: Ivermectin 12 mg Tablets

Spimect-12 is a prescription oral formulation of ivermectin, containing 12 mg of the active ingredient per tablet. As with any ivermectin-based therapy, it is one option a physician may consider for confirmed cases of strongyloidiasis, onchocerciasis, or other indicated parasitic infections — always as part of an individualized treatment plan.

Practical notes:

- Prescription-only (Rx) medication
- Typically taken on an empty stomach, with water
- Dosing is weight-based and set by a physician
- Not generally recommended for children under 15 kg



Spimect-12 (Ivermectin 12 mg) — 10 × 10 tablets

Rx

Available strictly by prescription, following a confirmed diagnosis and physician evaluation.

SAFETY INFORMATION

Side Effects & Precautions

Commonly reported

- Dizziness
- Nausea
- Headache

Seek medical attention for

- Vision problems
- Confusion or unusual weakness
- Rash, swelling, or breathing difficulty (possible allergic reaction)

Before taking any ivermectin-based medication

- Take only as prescribed — never adjust the dose yourself
- Tell your doctor about liver or kidney disease, asthma, or a weakened immune system
- Share a full list of other medications and supplements to check for interactions
- Discuss with your doctor first if pregnant or breastfeeding
- Avoid alcohol during treatment
- Avoid driving or operating machinery if feeling dizzy or drowsy

LOOKING AHEAD

Reducing Your Risk of Reinfection

Wear footwear

Avoid walking barefoot on soil in areas where these infections are common.

Practice good hand hygiene

Wash hands thoroughly before eating and after using the bathroom or handling soil.

Use safe water & food practices

Drink treated water and wash or cook produce grown in areas with limited sanitation.

Get tested after travel

If you've lived in or traveled through higher-risk regions, consider screening even without symptoms.

Prevention lowers risk but doesn't eliminate it entirely — anyone with persistent digestive symptoms, unexplained rash, or a relevant travel history should still talk to a doctor about testing.

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This presentation is for general educational purposes only and is not a substitute for professional medical advice, diagnosis, or treatment. Medications such as Spimect-12 (ivermectin) are prescription-only and should be used solely under the guidance of a licensed healthcare provider, after appropriate diagnostic testing.

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